

INFORMATION AND EDUCATION PROGRAM PROJECT PROFILE

Applicant Name _____

1. Geographic Service Area:	
1a. Teen Pregnancy Hot Spots (Target Census Tract Numbers)	
_____ _____	_____ _____
_____ _____	_____ _____
1b. City (Cities)	
_____ _____	_____ _____
_____ _____	_____ _____
1c. County (Counties)	
_____ _____	_____ _____
_____ _____	_____ _____
2. Please indicate what type of agency you are. (Mark One)	
<input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> Health Clinic <input type="checkbox"/> Community Based Organization	<input type="checkbox"/> Faith Based Organization <input type="checkbox"/> Local District/Office of Education/High School <input type="checkbox"/> Local Health Jurisdiction <input type="checkbox"/> Other _____
3. Please indicate your agency's primary service category. (Mark One)	
<input type="checkbox"/> Health Education <input type="checkbox"/> Public Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Youth Development <input type="checkbox"/> Recreation/Arts	<input type="checkbox"/> Health Care <input type="checkbox"/> Social Service <input type="checkbox"/> Academic Development <input type="checkbox"/> Job Training <input type="checkbox"/> Other _____
4. Collaboration	
Alliance	Number of Collaborators _____

PROJECT PROFILE

5. Target Populations (Check all that apply)	Numbers to be Reached in FY2003--2004		Percent of FY Budget 2003--2004	Strategy (Indicate #)	Sub Strategy (Indicate Letter)
				(See quick reference on page 4)	
<input type="checkbox"/> Pre-Sexually Active Adolescents	M	F	_____ %	_____ _____ _____	_____ _____ _____
<input type="checkbox"/> Sexually Active Adolescents	M	F	_____ %	_____ _____ _____	_____ _____ _____
<input type="checkbox"/> Pregnant and Parenting Adolescent	M	F	_____ %	_____ _____ _____	_____ _____ _____
<input type="checkbox"/> Parents, Families & Adult Caregivers			_____ %	_____ _____ _____	_____ _____ _____
<input type="checkbox"/> Young Adult At-Risk of Un-intended Pregnancy	M	F	_____ %	_____ _____ _____	_____ _____ _____
<input type="checkbox"/> Youth Serving Personnel			_____ %	_____ _____ _____	_____ _____ _____
Total Numbers In FY 2003—2004			Total (Equal 100%) _____		
6. What are the anticipated ages of your I&E clients to be served for fiscal year 2003—2004? (Please indicate by approximate percent – must add up to 100%)					
11 and under _____ % 12 –14 _____ % 15 to 19 _____ %					
20 to 25 _____ % 26 and older _____ %					

PROJECT PROFILE

7. What is the race/ethnicity of your I&E clients to be served for fiscal year 2003— 2004? (Please indicate by approximate percent – must add up to 100%)

African American _____% Latino/Hispanic _____% White/Angelo _____%

American Indian _____% Pacific Island _____% Asian _____%

Filipino _____% Other _____%

8. PROJECT GOAL(S) FROM RFA (mark all that apply):

The specific goals of the RFA are to:

- ☐ 1. Reduce teen and unintended pregnancies.
- ☐ 2. Promote responsible parenting.
- ☐ 3. Promote postponing parenthood until one is able to provide for the physical, emotional, social and economic well-being of a child.
- ☐ 4. Increase community involvement in building healthy families through awareness of the effects of teen and unintended pregnancies.
- ☐ 5. Promote and support the development of self-assured, future-oriented youth capable of navigating through adolescence to responsible adulthood and contributing positively to society.

9. STRATEGY SITES (Mark all that apply):

<input type="checkbox"/> Community Center	<input type="checkbox"/> Recreation Facility or Youth Center
<input type="checkbox"/> Faith Organization	<input type="checkbox"/> School –Alternative
<input type="checkbox"/> Family/Social Service Agency	<input type="checkbox"/> School –After Hours
<input type="checkbox"/> Health Clinic	<input type="checkbox"/> School –In Class
<input type="checkbox"/> Juvenile Justice/Correctional Facility	<input type="checkbox"/> Shelter
<input type="checkbox"/> Public Health Agency	<input type="checkbox"/> Other: _____ (Specify)

10. What curriculum(a) are you using in your I&E project? (Please list and indicate whether this is an evaluated, non-evaluated, or modified curriculum.)

	Evaluated	Non-Evaluated	Modified
Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROJECT PROFILE

Quick Strategy/Sub strategy Reference Guide

Strategy 1 – Prevention Education

Sub strategies

- a. Abstinence Education
- b. Comprehensive Sexuality Education
- c. Train the Trainer

Strategy 2 – Informational Presentations

Strategy 3 – Education and Support for Significant Adults

Strategy 4 – Education and Support for Teen Mothers and Fathers

Strategy 5 – Service Learning

Strategy 6 – Peer Provided Services

Strategy 7 – Clinic Linkages & Referrals

Strategy 8 – Train the Trainer

Strategy 9 – Mentoring

Sub strategies

- a. Formal Adult to Youth
- b. Adult to Youth/Role Modeling (Informal)
- c. Team (Informal)
- d. Group (Informal)
- e. Cross-Age (Informal)

Strategy 10- Community Awareness and Mobilization

Sub strategies

- a. Community Events
- b. Advocacy Presentations
- c. Media

Strategy 11 – Other